



Missouri Pharmacy Program – Preferred Drug List



Bile Salt Agents

Effective 04/13/2005

Revised 10/02/2014

Preferred Agents

- Ursodiol Capsules

Non-Preferred Agents

- Urso®/ Urso-250®
- Urso Forte®
- Urosodiol Tablets
- Actigall®
- Chenodal®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with trial on 1 preferred agents <ul style="list-style-type: none">○ Documented trial period for preferred agents○ Documented ADE/ADR to preferred agents	Lack of adequate trial on required preferred agents
Documented compliance on current therapy regimen	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030